

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Wolcott Hall Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Forest St Torrington, CT 06790	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, review of facility documentation, facility policies, and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for accidents, the facility failed to ensure facility staff provided adequate supervision to prevent Resident #1 from exiting the facility unattended. The findings include: Resident #1's diagnoses included depression, anxiety, congestive heart failure, pressure ulcer to the heel and a history of falls. The significant change in status Minimum Data Set assessment dated [DATE] identified Resident #1 had some memory recall deficits, required substantial assistance with toileting hygiene, was dependent for bathing, dressing and personal hygiene, and utilized a walker and/or wheelchair for mobility. The Nursing Evaluations dated 11/10/25 identified Resident #1 was not at risk for elopement. A December monthly physician's order identified Resident #1 may go out on a leave of absence with a responsible party. The nurse's note dated 12/28/25 identified at 2:00 PM a passerby from outside the facility came to the facility to notify staff there was an elderly individual in a wheelchair who he/she believed was a resident. Resident #1 was found across the street at a local business in the parking lot sitting in a wheelchair. Resident #1 was assessed and no injuries or signs or symptoms of distress were noted and Resident #1 stated he/she wanted to visit a friend who owned the business. Resident #1 was brought back to the facility. The note indicated Resident #1 was last seen by staff at 12:20 PM and it was not clear the exact time Resident #1 exited the facility. The note identified Resident #1 was transferred to the emergency department at 3:55 PM. The nurse's note dated 12/29/25 at 8:56 AM identified Resident #1 returned from the hospital with a diagnosis question a urinary tract infection. The social services note dated 12/29/25 at 9:15 AM identified Resident #1 was seen post the 12/28/25 event and could not recall who actually let him/her out of the facility and believed the person was a family member. Interview with the Social Worker on 1/7/26 at 11:24 AM identified Resident #1 reported to her that he/she sneaked out between the inside door and the outside door after a delivery driver left the facility. The Social Worker identified Resident #1 was alert and oriented and had not raised any flags regarding an elopement risk and did not verbalize or exhibit any exit seeking behaviors prior to the 12/28/25 incident. Interview with one of the housekeepers, Housekeeper #1, on 1/7/26 at 11:28 AM identified on 12/29/25, she was asked to cover staff and sit with Resident #1, as Resident #1 was on one to one observations. Housekeeper #1 indicated Resident #1 stated to her that he/she had not slept well the night before the elopement and on the day of the incident Resident #1 was in the library (right near the front door). Housekeeper #1 identified Resident #1 explained he/she was watching families coming in and out of the facility and watching the door light counting how long the light stayed green until the door relocked. Resident #1 then stated to Housekeeper #1 that he/she watched a delivery driver being buzzed out of the facility and the person who let the delivery driver out left the area and that was when Resident #1 followed the delivery driver out of the door and waited in the</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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